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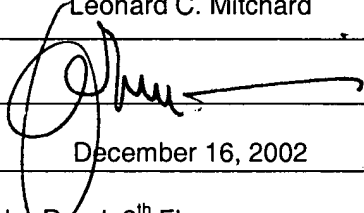
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Request for Customer Number (PTO/SB/125) submitted herewith.

**in the following listed application(s) or patent(s):**

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/930,494		August 16, 2001

Typed or Printed Name	Leonard C. Mitchard	<p><b>(check one)</b></p> <p><input type="checkbox"/> Applicant or Patentee</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> Attorney or Agent of record</p> <p>29,009 (Reg. No.)</p>
Signature		
Date	December 16, 2002	
Address of signer:	1100 North Glebe Road, 8 <sup>th</sup> Floor Arlington, VA 22202	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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